

BOB RILEY

Alabama Medicaid Agency

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March 1, 2003



MIKE LEWIS
Acting Commissioner

PROVIDER NOTICE 03-01

TO: Hospitals

RE: Outpatient Billing

The Alabama Medicaid Agency recently completed a review of CPT codes in the 10000-29999 range. The purpose of this review was to ensure that Medicaid's claims processing system supports the correct outpatient billing of these codes in terms of coverage, units and price. Effective for dates of service 4/1/03, the procedure codes listed on Attachment One should not be billed separately on an outpatient claim . These procedures, if performed, should be included in the emergency department service codes 99281-99285.

Rationale for determining which codes were included on this list is the procedure either does not require a surgical suite and is normally provided in conjunction with an emergency room visit or the procedure is more appropriately performed in an inpatient setting or should be performed in a physician's office. If, in a physician's medical opinion, a code that is on the list should and/or could be performed in an outpatient setting, a letter with medical justification should be submitted to the Associate Director, Institutional Services, for reconsideration.

Please make the necessary changes in your billing system to reflect appropriate coding. Policies as outlined in Chapter 19 of the Alabama Medicaid Provider Manual apply when billing. If you have any questions about the change, please contact Lynn Sharp, Associate Director, Institutional Services, 334-242-5588 or by e-mail to LSharp@Medicaid.state.al.us

The Agency will continue to research CPT codes for coverage issues as they relate to outpatient billings. The Agency will continue to seek assistance from the Alabama Hospital Association and Medical Management Plus.

Mike Lewis, Acting Commissioner

Attachment

Distribution List:

Alabama State Medical Association
Medical Association of the State of Alabama
Alabama Hospice Association
Alabama Hospital Association
Alabama Nursing Home Association
Division of Health Care Facilities
Electronic Data Systems
Alabama Medicaid Agency Staff

REMINDER: All Medicaid recipients are required to present their Medicaid eligibility card and proper identification to a provider of medical services for verification of eligibility when seeking treatment or service under the Medicaid program.

11042	11620	15825	23350	27615
10060	11621	16010	23500	27640
10061	11622	16020	23505	27641
10081	11623	16025	23600	27702
10140	11640	17000	23650	27705
10160	11641	17003	23930	27707
11000	11642	17004	23931	27709
11001	11643	17106	24075	27720
11010	11719	17107	24200	27884
11011	11720	17108	24220	27886
11012	11721	17110	24305	28046
11040	11730	17111	24341	28120
11041	11732	17250	24500	28122
11055	11740	17260	24560	28124
11056	11750	17262	24600	28126
11057	11752	17271	24640	28140
11100	11755	17272	24650	28160
11101	11760	17280	24670	28173
11200	11765	17304	24900	28190
11201	11976	17305	25065	28230
11300	12001	17340	25500	28232
11301	12002	19000	25560	28234
11302	12004	19030	25600	28270
11305	12011	19126	25622	28272
11306	12013	19290	25830	28400
11307	12014	19291	26010	28450
11308	12015	19295	26546	28470
11310	12031	19325	26600	28490
11311	12041	20000	26720	28510
11312	12042	20520	26725	28800
11400	12051	20600	26740	28810
11401	12052	21015	26750	
11402	12053	21029	26770	
11403	13102	21030	26775	
11420	13122	21031	27005	
11421	13133	21032	27140	
11422	13153	21110	27176	
11423	15001	21310	27245	
11440	15101	21315	27360	
11441	15121	21320	27448	
11442	15221	21336	27495	
11443	15241	21337	27540	
11600	15261	21750	27590	
11601	15343	21800	27594	
11602	15786	21935	27596	
11603	15787	22852	27601	